



Topic: Diabetes and Kidney Disease

19. Diabetes Prevalence and Related Deaths

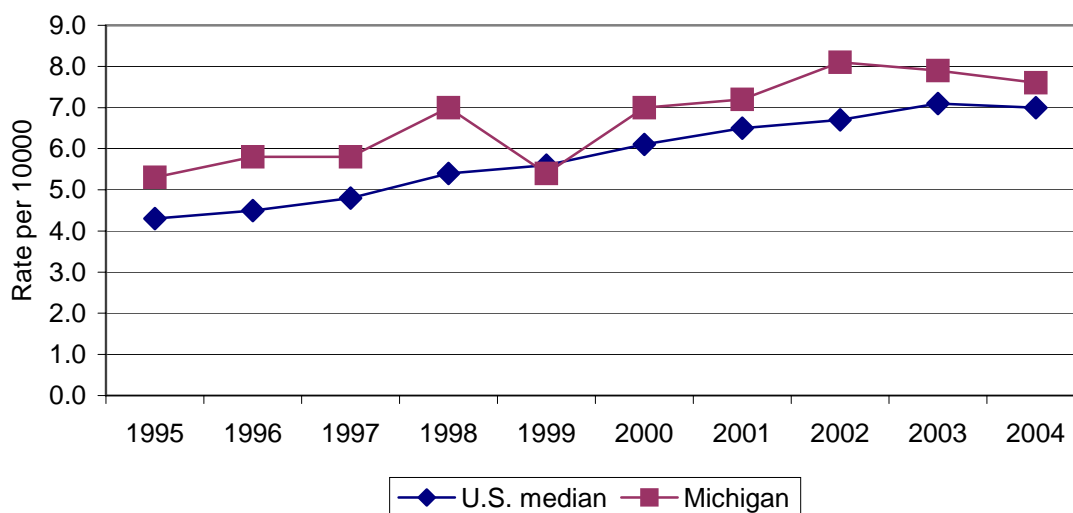
There are three common types of diabetes: Type 1, Type 2, and gestational diabetes. Type 1 diabetes was previously known as juvenile diabetes. In Type 1 diabetes, which accounts for five to ten percent of all diagnosed cases of diabetes, the body does not produce insulin. In Type 2 diabetes, the most common form of diabetes, either the body does not produce enough insulin or the cells ignore the insulin. It accounts for approximately 90% of people with diabetes. Gestational diabetes affects about four percent of pregnant women. It usually goes away after pregnancy, but once a mother has had gestational diabetes, her chances are two in three that it will return in future pregnancies. In Michigan, diabetes was the sixth leading cause of death in 2003 and was considered the primary cause in three percent of all deaths. Pre-diabetes is a condition that indicates a high risk of developing Type 2 diabetes. It is estimated that 1.5 million adults in Michigan have pre-diabetes.

How are we doing?

The prevalence of diabetes increased between 1995 and 2004. During this time, the prevalence of obesity, a risk factor for diabetes, also increased in the U.S. and in Michigan. Michigan adults who were obese were more than twice as likely (14.5%) as those who were overweight (6.5%) and over three times as likely as those who were not overweight or obese (4.1%) to have diabetes in 2004.

How does Michigan compare with the U.S.?

**Diabetes Trends in Michigan and the United States
1995-2004**



With 1999 as an exception, Michigan's prevalence estimate of diabetes has been consistently higher than the U.S. median.

How are different populations affected?

Diabetes disproportionately impacts African-Americans, American Indians, and Hispanics in the state. Mortality rates show that in 2004, the rate of diabetes among Whites was 26.3/100,000, compared to a



rate of 42.5 per 100,000 among Blacks. The greatest disparities are seen in the Hispanic and American Indian populations, where the mortality rates in 2004 were 60.3 per 100,000 and 52.6 per 100,000 respectively.

There are two distinct risk factors for diabetes which also disproportionately impact racial and ethnic minorities: obesity/overweight and lack of physical activity. From 2000 to 2004, 21.5% of White/Non-Hispanics reported no leisure time physical activity, in comparison to 31.4% of Non-Hispanic Blacks and 25.3% of Hispanics. In addition, 37% of Whites reported being overweight and 23.4% obese, whereas 35.5% of Black/Non-Hispanics reported being overweight and 34.2% obese, and 33.8% of Hispanics reported being overweight and 28.4% obese.

What is the Department of Community Health doing to improve this indicator?

The Department of Community Health has several initiatives in place to reduce or prevent diabetes complications. In addition to statewide surveillance services, six regional diabetes outreach networks (DONs) provide community-based professional and consumer education and training, public and consumer awareness and linkages to services. A specialized CDC-funded prevention program provides detection services, education/training for WIC clients on gestational diabetes, and consultation/coordination for a multi-county prevention pilot program. Medicaid certification and support for 91 statewide Diabetes Self-Management Training programs is provided. Disparate populations are served through specific DON objectives aimed at the reduction of health disparities. The Department also supports other programs such as American Initiative for Male Health Improvement and the Morris Hood Outstate Outreach and Obesity Program, which target underserved and minority populations. These programs all seek to increase access to medical care and prevention services for people with diabetes or at risk for diabetes. The Health Disparities/Minority Health Section funds demonstration projects to reduce these disparities. These initiatives focus on individuals who are diabetic, high-risk, pre-diabetic, or have family members with diabetes. The projects impact childhood obesity, provide culturally sensitive screening opportunities and create innovative outreach involving education, mentoring, and monitoring of healthy behaviors.